

St. Titus One Youth Anti-Violence & Mentoring Program

SUMMER DAY CAMP

REGISTRATION FORM

Youth Name _____

School _____

Home Address _____

City, State, Zip Code _____

Telephone # () _____

Parent/Guardian name _____

Telephone # () _____

E-mail Address _____

Emergency Contact _____

Emergency Contact Telephone _____

Youth Grade Level _____

Is Tutoring Needed? _____

What subjects are challenging for your child _____

Does your child have behavioral issues? _____

Does your child have allergies/Medical Conditions? Specify

What activities does your child enjoy?

Does Your Child Require before hours and/or after hours care?

____ Yes ____ No Arrival/Departure Time _____

*I understand registration fees are non-refundable.

Parent Signature _____ Date _____